

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 8:00 am
Secretary of State

01-10-2005 90012 003 ***150.00

DOCUMENT # P02000097176			
1. Entity Name WYNWOOD DEVELOPMENT, CORP.			
Principal Place of Business 240 EAST FLAGLER STREET MIAMI, FL 33131		Mailing Address 240 EAST FLAGLER STREET MIAMI, FL 33131	
2. Principal Place of Business 2801 NW 3rd Ave Suite, Apt. #, etc.		3. Mailing Address 2801 NW 3rd Ave Suite, Apt. #, etc.	
City & State Miami, FL		City & State Miami, FL	
Zip 33107	Country	Zip 33127	Country
6. Name and Address of Current Registered Agent CAMACHO, CESAR R 240 EAST FLAGLER STREET MIAMI, FL 33131		7. Name and Address of New Registered Agent Name: DAVID WECK Street Address (P.O. Box Number is Not Acceptable): 2801 NW 3 Ave City: MIAMI FL Zip Code: 33127	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <i>Cesar R Camacho</i> DATE: 1/7/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DPS CAMACHO, CESAR R 240 EAST FLAGLER STREET MIAMI, FL 33131 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD Elena weck 2801 NW 3 AVE Miami, FL 33127 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD David weck 2801 NW 3 AVE Miami, FL 33127 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.			
SIGNATURE: <i>David Weck, PRES</i>		Date: 1/7/05 (305) 573-0163	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

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01042005 Chg-P CR2E034 (10/03)

4. FEI Number 54-2080120 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required